HIPAA Essentials Workshop for Wisconsin Counties

DHFS County Clearinghouse Service

Lu Anne Green HIPAA Project Manager EDS - Wisconsin Medicaid

Session Objectives

- 1. DHFS Clearinghouse Service What is it?
- 2. Key Points
- 3. County Benefits
- 4. How it works
- 5. County Responsibilities
- 6. Possible Data Issues Examples
- 7. Questions

DHFS County Clearinghouse What is it?

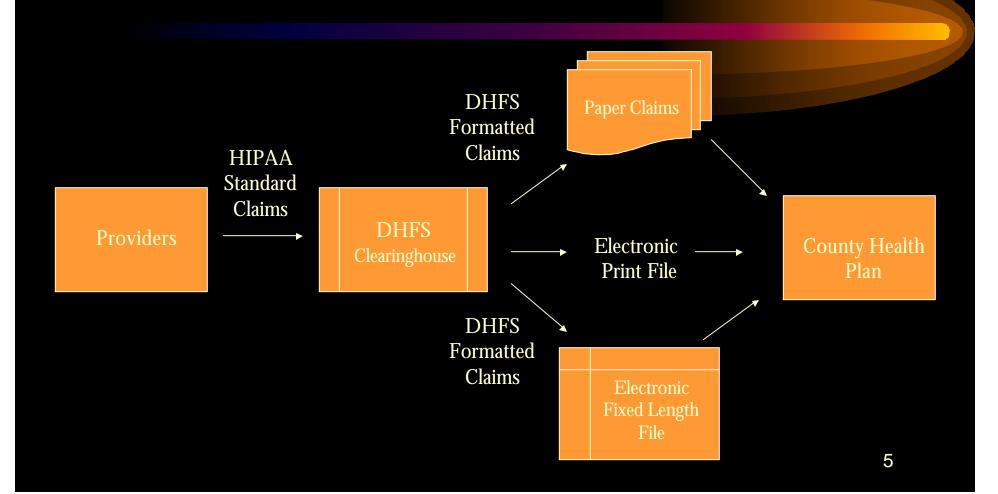
A service offered by the DHFS to assist County health plans in complying with the HIPAA electronic claim standards.

DHFS County Clearinghouse What is it?

The County Clearinghouse can assist Wisconsin County health plans in achieving HIPAA compliance by:

- 1. Accepting HIPAA standard claims.
- 2. Converting them to one of the following:
 - Paper claims
 - Electronic print file
 - Electronic fixed length file
- 3. Sending converted claims to counties for processing.

DHFS County Clearinghouse What is it?



DHFS County Clearinghouse Key Points

- 1. An option for County health plans only, not for Counties in their role as providers.
- 2. Will receive, edit and process/reject the HIPAA claim transactions only (837s and NCPDP).
- 3. Will reformat HIPAA claim transactions, but will not convert HIPAA data values to County specific values.
- 4. Counties will be charged either a transaction fee and/or an annual fee to use the Clearinghouse.

DHFS County Clearinghouse County Benefits

- 1. Allows Counties to continue to process paper claims if desired.
- 2. Gives providers a method to transmit HIPAA standard electronic claims to County health plans.
- 3. Counties can provide a means for providers to transmit HIPAA standard electronic claims without having to invest in costly infrastructure.

DHFS County Clearinghouse How it works -

- 1. <u>Trading Partner Agreement</u> County signs Trading Partner Agreement with DHFS outlining requirements and terms of Clearinghouse service.
- 2. <u>Provider Notification</u> Providers are notified of the Clearinghouse service.
- 3. <u>Testing</u> Providers submit test files using the HIPAA standards to prove their HIPAA readiness.
- 4. Claims Submission Providers submit HIPAA standard claims to DHFS clearinghouse where they are edited, reformatted/rejected and made available to the County health plan for processing.

DHFS County Clearinghouse County Responsibilities

- 1. <u>Gap Analysis</u> Review DHFS unique claim formats and determine inconsistencies (gaps) between them and the County's current required claim format/data.
- 2. <u>Administrative and System Changes</u> Modify administrative processes and/or systems to account for the gaps, if necessary.
- 3. <u>Companion Documents</u> Work with DHFS on the creation of County-unique Companion Documents.

DHFS County Clearinghouse County Responsibilities (cont.)

- 4. <u>Provider Notification</u> Notify providers of the DHFS Clearinghouse service and make available to the providers the county-unique companion document.
- 5. Receive and process reformatted claims Once reformatted by the Clearinghouse, Counties must "pick up" claims or receive them through US mail then process them.

DHFS County Clearinghouse Possible Data Issues - Examples

- Place of Service (POS) HIPAA claim POS is two digits in length and requires of nationally defined values.
- <u>Procedure Codes</u> HIPAA requires that only national defined codes be used and prohibits the use of codes defined locally.
- <u>Claim Details</u> HIPAA claims allow for 50 details on professional and dental claims, and 999 details on institutional claims.
- Type of Service (TOS) HIPAA claims do not allow for the submission of a TOS.

DHFS County Clearinghouse

Questions?